

# Grading/Erosion Control/Stormwater Permit

## Town of Maiden Planning Department

113 W. Main St. Maiden, NC 28650 (828) 428-5034 Fax (828) 428-5017

Date Application Received: \_\_\_\_\_ Fee: \_\_\_\_\_/\_\_\_\_\_

Date Application Completed: \_\_\_\_\_ Permit Type: \_\_\_\_\_

Date Application Approved: \_\_\_\_\_ Permit Number: \_\_\_\_\_

### Part A. Project Information

1. Project Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Type of Use (residential, commercial, industrial, institutional, etc.): \_\_\_\_\_
4. Total site area: \_\_\_\_\_ Total disturbed area: \_\_\_\_\_
5. Total Impervious Area: \_\_\_\_\_ % impervious to entire site: \_\_\_\_\_
9. Deed Book No. \_\_\_\_\_ Page No. \_\_\_\_\_ (Provide a copy of the most current deed.)

### Part B. Contact Information

1. Contact Person:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail \_\_\_\_\_ Cell # \_\_\_\_\_ Authority \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

2. Landowner(s) of Record (attach accompanied page to list additional owners):

\_\_\_\_\_  
Name Telephone Fax Number

\_\_\_\_\_  
Current Mailing Address Current Street Address

\_\_\_\_\_  
City State Zip City State Zip

3. Person(s) or firm(s) who are financially responsible for the land-disturbing activity (Provide a comprehensive list of all responsible parties on an attached sheet):

\_\_\_\_\_  
Name E-mail Address

\_\_\_\_\_  
Current Mailing Address Current Street Address

\_\_\_\_\_  
City State Zip City State Zip

Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_

(a) If the Financially Responsible Party is not a resident of North Carolina, give name and street address of the designated North Carolina Agent on an attached sheet:

(b) If the Financially Responsible Party is a Partnership or other person engaging in business under an assumed name, **attach a copy of the Certificate of Assumed Name**. If the Financially Responsible Party is a Corporation, give name and street address of the Registered Agent on an attached sheet:

4. Engineer or Technical Representative:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail \_\_\_\_\_ Cell # \_\_\_\_\_ Authority \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

5. Contractor or Operator:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail \_\_\_\_\_ Cell # \_\_\_\_\_ Authority \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

The undersigned applicant acknowledges receipt of Erosion Control and Post-Construction Stormwater requirements and assumes responsibility for the installation and continued maintenance of all control devices necessary for this land disturbing activity. If any BMP's fail or additional measures are needed to adequately protect natural resources and adjacent properties, this office may require the applicant to take further protective action, as necessary. (This form must be signed by the Financially Responsible Person if an individual or his attorney-in-fact, or if not an individual, by an officer, director, partner, or registered agent with the authority to execute instruments for the Financially Responsible Person).

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Title or Authority

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, a Notary Public of the County of \_\_\_\_\_

State of North Carolina, hereby certify that \_\_\_\_\_ appeared personally before me this day and being duly sworn acknowledged that the above form was executed by him.

Witness my hand and notarial seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Seal

\_\_\_\_\_  
Notary

My commission expires \_\_\_\_\_